

Application For Employment

COUNTY OF WEBB

NAME: _____

POSITION: _____

DATE _____

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For			Date of Application	
How did you learn about us?				
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In		
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other		

Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Telephone Number(s)				Social Security Number	

If you are under 18 years of age, can you provide required proof of your eligibility?

☐ Yes ☐ No

Have you ever filed an application with us before?

☐ Yes ☐ No

If yes, give date _____

Have you ever been employed with us before?

☐ Yes ☐ No

If yes, give date _____

Are you currently employed?

☐ Yes ☐ No

May we contact your present employer?

☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

☐ Yes ☐ No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: ☐ Full-Time ☐ Part-Time ☐ Shift Work ☐ Temporary

Are you currently on "lay off" status and subject to recall? ☐ Yes ☐ No

Can you travel if a job requires it? ☐ Yes ☐ No

Have you ever been convicted of a felony within the last 7 years?

☐ Yes ☐ No

Conviction will no necessarily disqualify an applicant from employment.

If Yes, please explain _____

Education

	Elementary School					High School				Undergraduate College/University				Graduate/ Professional			
School Name and Location																	
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma Degree																	
Describe Course of Study																	
Describe any specialized training, apprenticeship skills and extra-curricular activities																	
Describe any honors you have received																	
State any additional information you feel may be helpful to us in considering your application																	

Indicate any foreign languages you can speak, read and/or write						
	FLUENT		GOOD		FAIR	
SPEAK						
READ						
WRITE						

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

1.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for leaving				
2.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for leaving				
3.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for leaving				
4.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for leaving				

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

Additional Information

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills

Check Skills/Equipment Operated

		Production/Mobile Machinery (list):	Other (list):
_____ CRT	_____ Fax	_____	_____
_____ PC	_____ Lotus 1-2-3	_____	_____
_____ Calculator	_____ PBX System	_____	_____
_____ Typewriter	_____ WordPerfect	_____	_____
		_____	_____

State any additional information you feel may be helpful to us in considering
Your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED
ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner the activities
Involved in the job or occupation for which you have applied? A
description of the activities involved in such a job or occupation is
attached.

_____ YES _____ NO

References

1.	_____ () _____ (Name) Phone #
	_____ (Address) _____ (Title)
2.	_____ () _____ (Name) Phone #
	_____ (Address) _____ (Title)
3.	_____ () _____ (Name) Phone #
	_____ (Address) _____ (Title)

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 365 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "*at will*" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "*at will*" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview ☐ Yes ☐ No

Remarks _____

INTERVIEWER

DATE

Employed ☐ Yes ☐ No Date of Employment _____

Hourly Rate/

Job Title _____ Salary _____ Department _____

By _____

NAME AND TITLE

DATE

NOTES _____

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open:

☐ Yes

☐ No

Position(s) Considered For: _____

Date _____

NOTES: